U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1/183	2. Fiscal Year Covered From:	
	1 / 1 / 04 Through: 12 / 31 / 04	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name John G Grey	Name	
	Labor Organization File Number 020-632	
P.O. Box, Bklg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 301638	
Street 18705 NE 116TH AVE	Street 11620 VE AINSWORTH CIR STE 300	
Cay BATTLE GROUND	City PORTLA:ND	
State WA ZIP Code + 4 98604 - 730	State OREGON ZIP Code + 4 97220-9016	
5. Position in Labor organization. Sergeant-At-Arms		
monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bklg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.	
Street City		
State ZIP Code + 4	sature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed of the of the	On 8/11/05 360-687-1920	
	Date Telephone Number	

JOHN G. GREY		
B. Held an interest in or derived income or economic banefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the trusiness of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name EMP_OYERS SHOPMEN'S #516 TRAINEE TRUST		
Trade Name, if any:	a. Labor Organization SHOPMEN'S LOCAL UNION #516 OF THE IABSORIW b. Trust	
P.O. Box, Bidg., Room No., if any	c. Employer	
Street 11620 NE AINSWORTH CIR STE 100	C. Erropoyer	
City PORTLAND		
State ORFGON ZP Code + 4 97220-9016		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	TRUST FUND FOR THE EMPLOYERS AND MEMBERS OF	
	LOCAL 516 PROVIDES TRAINING AND APPRENTICE -	
Trade Name, if any:	1 SATI TROOMING	
P.O. Box, Bkig., Room No., if any	· -	
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	WAGES PAID FOR INSTRUCTOR HOURS.	
	12.b. Amount. \$1788.08	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) / or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name if any:		
P.O. Box, Bkdg., Room No., if any		
Street		
City	i	
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	